

## **EVENT VOLUNTEER REGISTRATION FORM Welcome Home Celebration** May 30, 2009-St. Louis, MO



Last Name		First Name		Middle Name	/Initial
Mailing Address		City State		Zip	
Telephone		Cell Phone		E-mail address	
Emergency contact		Relationship		Telephone	
VA Employee? Y N  If yes , please complete next section		Current VA RS volunteer? Y N Organizational affiliation:		Shirt size S M L XL 1X 2X 3X	
Hours worked beyon	d the normal wor	loyees are required kday or on holidays will be time, compensatory time,	e considered st	rictly volunteer	hours and I
VA Employee Signa	ture			Date	
Please cir	cle the assi	gnment area you	ı are intei	rested in w	orking
Registration Memorabilia Health Screenings IRM P.R./Media Education		Transportation Entertainment Security/Safety	Set-up/Brea Information Check-out		Concessions VIP Children area
waive all claims to mbasis." I understand	onetary benefits this waiver appli	plication form is accurate for services rendered as es only to compensation any compensation for other	a volunteer wo for specific se	rker on a "with rvices rendered	out compensation in the Voluntary
Signature of Volunto	eer	Date			
St. Louis VAMC Welc	ome Home Celeb	, minor child, has m	y approval and	support to work	as a volunteer at
Parent/guardian sign	nature		Date		
		in this event if you are it ease contact the voluntar			lar scheduled

THIS REGISTRATION DOES NOT SERVE AS A VOLUNTEER APPLICATION

Please return registration to: Voluntary Service, 1 Jefferson Barracks Dr. (135JB), St. Louis, MO 63125